

In re Application of:

Docket No. 03500.015625.

SHINICHI HAGIWARA

Appln. No.: 09/886,113

Filed: June 22, 2001

For: IMAGE PROCESSING APPARATUS

Examiner: D. Dang

Art Unit: 2621

Date: July 5, 2005

Mail Stop Issue Fee Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

X No additional fee is required.

The fee has been calculated as shown below

| CLAIMS AS AMENDED | | | | | | | | |
|-------------------|--------------------------------------|-------|--|-------------------------|------------------|-------------------|--|--|
| | (2) CLAIMS REMAINING AFTER AMENDMENT | | (4) HIGHEST NO. PREVIOUSLY PAID FOR | (5) PRESENT EXTRA | RATE | ADDITIONAL FEE | | |
| TOTAL CLAIMS | * 12 | MINUS | ** 20 | = 0 | x \$25 \$50 | \$0.00 | | |
| INDEP. CLAIMS | * 4 | MINUS | *** | 0 | x \$100 \$200 | \$0.00 | | |
| Fee for Mul | \$0.00 | | | | | | | |
| | \$0.00 | | | | | | | |

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

| | °Verified Statement claiming small entity status is enclosed, if not filed previously. | | | | | |
|---|--|--|--|--|--|--|
| | A check in the amount of \$ is enclosed. | | | | | |
| | Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed. | | | | | |
| X | Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06 1205 is hereby revoked. The Patent and Trademark Office is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed. | | | | | |
| | A check in the amount of \$ to cover the Extension fee for response with amonth extension is enclosed. | | | | | |
| | A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed. | | | | | |
| X | Applicant's undersigned attorney may be reached in our New York Office by telephone at (212) 218-2100 or by facsimile at (212) 218-2200. All correspondence should continue to be directed to our address given below. | | | | | |
| | | | | | | |

Raymond A. DiPerna Attorney for Applicant

Reg. No.: 44,063

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New York, New York 10132-3801

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PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| In re Ap | pplication of: |) | |
|----------|------------------|---|-------------------|
| | | : | Examiner: D. Dang |
| SHINIC | CHI HAGIWARA |) | |
| | | : | Art Unit: 2621 |
| Appln. | No.: 09/886,113 |) | |
| | | : | |
| Filed: | June 22, 2001 |) | |
| _ | | : | |
| For: | IMAGE PROCESSING |) | |
| | APPARATUS |) | July 5, 2005 |
| | | | |

Mail Stop Issue Fee Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT AFTER ALLOWANCE UNDER 37 C.F.R. § 1.312

Sir:

Subsequent to allowance, the Issue Fee not having been paid yet, please amend the above-identified application as follows pursuant to 37 C.F.R. § 1.312. The claims changes are reflected in the listing that begins at page 2, and the Remarks begin at page 7.